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     (FILE 'HOME' ENTERED AT 11:58:35 ON 11 OCT 2002)

     FILE 'ADISALERTS, ADISINSIGHT, ADISNEWS, BIOSIS, BIOTECHNO, CANCERLIT,
     CAPLUS, CEN, DGENE, DRUGB, DRUGLAUNCH, DRUGMONOG2, DRUGNL, DRUGU, EMBAL,
     EMBASE, ESBIOBASE, IFIPAT, IPA, JICST-EPLUS, KOSMET, LIFESCI, MEDICONF,
     MEDLINE, NAPRALERT, NLDB, PASCAL, ...' ENTERED AT 11:58:41 ON 11 OCT 2002
L1          1715 S VALSARTAN/AB
L2             5 S L1 AND 360/AB
L3             1 DUP REM L2 (4 DUPLICATES REMOVED)
L4            41 S L1 AND (250 OR 300)/AB
L5             7 S L4 AND PD<1999
L6             7 S L5 AND MG

     FILE 'USPATFULL' ENTERED AT 12:06:38 ON 11 OCT 2002
L7            37 S VALSARTAN/AB,CLM,TI
L8            29 S L7 AND DOSAGE
L9            16 S VALSARTAN (P) MG
L10           11 S L9 AND L8
L11            5 S L9 NOT L10

     FILE 'ADISALERTS, ADISINSIGHT, ADISNEWS, BIOSIS, BIOTECHNO, CANCERLIT,
     CAPLUS, CEN, DGENE, DRUGB, DRUGLAUNCH, DRUGMONOG2, DRUGNL, DRUGU, EMBAL,
     EMBASE, ESBIOBASE, IFIPAT, IPA, JICST-EPLUS, KOSMET, LIFESCI, MEDICONF,
     MEDLINE, NAPRALERT, NLDB, PASCAL, ...' ENTERED AT 12:12:32 ON 11 OCT 2002
L12         2110 S VALSARTAN/TI
L13          577 S L12 AND MG/AB
L14          145 DUP REM L13 (432 DUPLICATES REMOVED)
L15           19 S L14 AND HIGH
L16            7 S L15 AND PD<1999

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L4 ANSWER 11 OF 16 SCISEARCH COPYRIGHT 2002 ISI (R)
AN 97:458164 SCISEARCH
GA The Genuine Article (R) Number: XD529
TI Pharmacological profile of valsartan, a non-peptide angiotensin II type 1 receptor antagonist - 2nd communication: Valsartan prevents end-organ damage in spontaneously hypertensive stroke-prone rats during 1-year treatment
AU Kometani M (Reprint); Hayashi N; Yamamoto S; Nakao K; Inukai T
CS CIBA GEIGY JAPAN LTD, DIV PHARMACEUT, R&D SUBDIV, DRUG DISCOVERY RES UNIT,
10-66 MIYUKICHO, TAKARAZUKA, HYOGO 665, JAPAN (Reprint)
CYA JAPAN
SO ARZNEIMITTEL-FORSCHUNG/DRUG RESEARCH, (**MAY 1997**) Vol. 47, No. 5, pp. 613-619.
Publisher: ECV-EDITIO CANTOR VERLAG MEDIZIN NATURWISSENSCHAFTEN, BANDELSTOCKWEG 20, POSTFACH 1255, D-88322 AULENDORF, GERMANY.
ISSN: 0004-4172.
DT Article; Journal
FS LIFE
LA English
REC Reference Count: 68
AB **Valsartan** ((S)-N-valeryl-N-{[2'-(1H-tetrazol-5-yl)biphenyl-4-yl]methyl) valine, CAS 137862-53-4, CGP 48933), a non-peptide angiotensin II type 1 receptor antagonist, or enalapril was administered to spontaneously hypertensive rats stroke-prone (SHR-SP) for 1 year from 8 weeks to 56 weeks of age under a normal diet without saline load. During 48 weeks, control rats showed increase in systolic blood pressure from 180 to **250** mmHg accompanying stroke-related behaviour, cardiac and aortic hypertrophy, hyperreactive contractility of mesenteric vascular beds, proteinuria, high water turnover and death. **Valsartan** at 3, 10 and 30 **mg**/kg/d p.o. and enalapril at 1 and 10 **mg**/kg/d p.o. suppressed the increase in blood pressure dose-dependently. Systolic blood pressure was steadily controlled to around 180 mmHg at the highest dose of either drug throughout the study. In proportion to the antihypertensive action of the drugs, endorgan damage was prevented. During 1-year administration, effects of enalapril and **valsartan** were much the same, indicating the clinical usefulness of **valsartan** being comparable to enalapril.
CC PHARMACOLOGY & PHARMACY; CHEMISTRY
ST Author Keywords: angiotensin II receptor antagonists; CAS137862-53-4; CGP48933, antihypertensive effects; enalapril; hypertension, experimental, spontaneous; stroke, experimental; valsartan
STP KeyWords Plus (R): CONVERTING ENZYME-INHIBITION; REDUCED RENAL MASS; CARDIAC-HYPERTROPHY; BLOOD-PRESSURE; IN-VIVO; BIOCHEMICAL PARAMETERS; MEDIATED FACILITATION; GLOMERULAR INJURY; PROXIMAL NEPHRON; GENE-TRANSFER
RF 95-0876 003; DIABETIC NEPHROPATHY; ANGIOTENSIN-CONVERTING ENZYME-INHIBITION; EFFECT OF LONG-TERM THERAPY
95-1671 003; CARDIAC RENIN-ANGIOTENSIN SYSTEM; LEFT-VENTRICULAR HYPERTROPHY; 70-KD S6 KINASE
95-0563 001; ANGIOTENSIN-CONVERTING ENZYME GENE; HYPERTROPHIC CARDIOMYOPATHY; INSERTION DELETION POLYMORPHISM; SUDDEN CARDIAC DEATH; CORONARY HEART-DISEASE
95-3097 001; NONPEPTIDE ANGIOTENSIN-II RECEPTOR ANTAGONIST; HIGHLY POTENT ORALLY-ACTIVE (IMIDAZOLYLBIPHENYLYL) SULFONYLUREA (HR-720); PHARMACOLOGICAL CHARACTERIZATION
95-8165 001; STROKE-PRONE SPONTANEOUSLY HYPERTENSIVE RATS; BLOOD-PRESSURE

QUANTITATIVE TRAIT LOCI; NONPEPTIDE ANGIOTENSIN AT(1)-RECEPTOR ANTAGONIST RE

Referenced Author (RAU)	Year (RPY)	VOL (RVL)	PG (RPG)	Referenced Work (RWK)
ADAMS M A	1990	16	252	HYPERTENSION
ALDERMAN M H	1991	324	1098	NEW ENGL J MED
ANDERSON S	1985	76	612	J CLIN INVEST
ANDERSON S	1986	77	1993	J CLIN INVEST
BAKER K M	1990	259	H324	AM J PHYSIOL
BLACK M J	1989	7	997	J HYPERTENS
BRUNNER H R	1972	286	441	NEW ENGL J MED
CAMARGO M J F	1991	4	S341	AM J HYPERTENS
CAMARGO M J F	1993	11	31	J HYPERTENS
CASTELLUCCI A	1981	31	54	ARZNEIMITTEL-FORSCH
CLARK K L	1992	19	515	J CARDIOVASC PHARM
COGAN M G	1991	259	687	J PHARMACOL EXP THER
CRISCIONE L	1993	110	761	BRIT J PHARMACOL
DUESING R	1983	91	501	EUR J PHARMACOL
DWORKIN L D	1991	39	1112	KIDNEY INT
DZAU V J	1988	77	4	CIRCULATION S1
FELD L G	1990	16	544	HYPERTENSION
FOGO A	1990	38	1068	KIDNEY INT
FOLKOW B	1973	32	2	CIRCULAT RES S1
FORNES P	1993	22	305	J CARDIOVASC PHARM
FRESLON J L	1983	80	533	BRIT J PHARMACOL
FUJIWARA T	1994	66	231	JPN J PHARMACOL
GANSEVOORT R T	1994	45	861	KIDNEY INT
HALL R L	1985	80	517	TOXICOL APPL PHARM
KAKINUMA Y	1992	42	46	KIDNEY INT
KAWASAKI H	1982	221	112	J PHARMACOL EXP THER
KAWASAKI H	1984	231	23	J PHARMACOL EXP THER
KIM S	1994	113	662	BRIT J PHARMACOL
KIM S	1994	24	195	HYPERTENSION
KOHZUKI M	1994	17	173	HYPERTENS RES
KOJIMA M	1994	89	2204	CIRCULATION
KOMETANI M	1991	41	684	ARZNEIMITTEL-FORSCH
LARAGH J H	1972	52	633	AM J MED
LEWIS E J	1993	329	1456	NEW ENGL J MED
LINZ W	1989	11	1325	CLIN EXP HYPERTENS A
LJUNGMAN S	1992	70	479	AM J CARDIOL
LONGHURST P A	1986	23	288	BLOOD VESSELS
MACKENZIE H S	1994	12	S11	HYPERTENS S9
MIZUNO K	1992	51	367	LIFE SCI
MOEHRING J	1975	228	1847	AM J PHYSIOL
MOEHRING J	1976	230	849	AM J PHYSIOL
MORISHITA R	1993	91	2580	J CLIN INVEST
MORISHITA R	1994	94	978	J CLIN INVEST
MULVANY M J	1978	43	854	CIRC RES
NAGANO M	1991	9	595	J HYPERTENS
NAGAOKA A	1976	230	1354	AM J PHYSIOL
NAGAOKA A	1981	31	125	JPN J PHARMACOL
ODDIE C J	1993	11	717	J HYPERTENS
OGIKU N	1993	61	69	JPN J PHARMACOL
OGIKU N	1993	24	245	STROKE
OKADA M	1993	16	49	HYPERTENS RES
OKAMOTO K	1974	34	143	CIRCUL RES S1
PHILLIPS M I	1993	43	1	REGUL PEPTIDES
POLLOCK D M	1993	267	657	J PHARMACOL EXP THER

SADOSHIMA J	1993	73	413	CIRC RES
SHIBOTA M	1979	236	H409	AM J PHYSL S3
STIER C T	1991	4	680	AM J HYPERTENS
STIER C T	1989	13	115	HYPERTENSION
STIER C T	1992	260	1410	J PHARMACOL EXP THER
TAGUMA Y	1985	313	1617	NEW ENGL J MED
TOLINS J P	1990	16	452	HYPERTENSION
UEHARA Y	1994	24	770	HYPERTENSION
VACHER E	1993	6	951	AM J HYPERTENS
WATANABE T X	1985	38	419	JPN J PHARMACOL
XIE M H	1990	38	473	KIDNEY INT
YAMAMOTO S	1997	47	604	ARZNEIM FORSCH DRUG
YAMAMOTO S	1991	41	913	ARZNEIMITTEL-FORSCH
YAMORI Y	1976	7	46	STROKE

L4 ANSWER 4 OF 56 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1999044896 EMBASE
TI Dose-responsive antihypertensive efficacy of valsartan, a new angiotensin II-receptor blocker.
AU Pool J.; Oparil S.; Hedner T.; Glazer R.; Oddou-Stock P.; Hester A.
CS Dr. J. Pool, Methodist Hospital Research, Mail Station, F-504, 6535 Fannin, Houston, TX 77030, United States
SO Clinical Therapeutics, (**1998**) 20/6 (1106-1114).
Refs: 30
ISSN: 0149-2918 CODEN: CLTHDG
CY United States
DT Journal; Conference Article
FS 006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
LA English
SL English
AB Predictable dose-related efficacy is considered to be an important attribute of any antihypertensive agent. To determine the magnitude of dose- responsive efficacy for **valsartan**, a highly selective angiotensin II-receptor blocker, we conducted an integrated analysis of efficacy data from nine double-masked, randomized, placebo-controlled, parallel studies of similar design and of at least 4 weeks' duration. The intent-to-treat analysis included 4067 patients with mild-to-moderate hypertension who had received **valsartan** (n = 2901) 10, 20, 40, 80, 160, or 320 **mg** once daily or placebo (n = 1166). Blood pressure was assessed at trough (24 hours after the last dose). In all nine studies, **valsartan** doses .gtoreq.80 **mg** produced statistically significant reductions in supine or seated diastolic blood pressure (SDBP) and systolic blood pressure (SSBP) compared with placebo ($P < 0.05$). The integrated analysis demonstrated a clear increase in blood-pressure-lowering efficacy with increasing dose across the range 10 to 320 **mg** (placebo- subtracted mean changes from baseline to end point for **valsartan** 10, 20, 40, 80, 160, and 320 **mg**, respectively: SDBP, -0.8, -2.8,-2.6, -3.9, -5.1, and - 6.4 mm Hg; SSBP, -1.3, -5.7, -5.3, -6.8, -8.6, and -9.0 mm Hg). The data demonstrate that **valsartan** provides dose-responsive antihypertensive efficacy across the therapeutic dose range, with clinically relevant blood-pressure lowering at doses .gtoreq.80 **mg** once daily.
CT Medical Descriptors:
*hypertension: DT, drug therapy
*antihypertensive activity
dose response
drug efficacy
diastolic blood pressure
systolic blood pressure
human
major clinical study
clinical trial
randomized controlled trial
double blind procedure
single blind procedure
controlled study
conference paper
Drug Descriptors:
*antihypertensive agent: CT, clinical trial

*antihypertensive agent: DO, drug dose
*antihypertensive agent: DT, drug therapy
*valsartan: CT, clinical trial
*valsartan: DO, drug dose
*valsartan: DT, drug therapy
*angiotensin receptor antagonist: CT, clinical trial
*angiotensin receptor antagonist: DO, drug dose
*angiotensin receptor antagonist: DT, drug therapy
*placebo
RN (valsartan) 137862-53-4

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